U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mendatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil panelties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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File Number U - 4269	2. Fiscal Year Covered From:
	1/1/2004 Through: 12/31/2004
Name and address of person filing.	4. Name, file number, and address of labor organization.
TAMES T BLUZZARD	Name Walted startusilers (DCAL 12843
	Labor Organization File Number 042-137
O. Box, Bidg., Room No., If amy Ro. Box 106	P.O. Box, Building and Room Number, If any Po. Box 24/
treet Empin 2432 MAIN ST	Street
* Surgalnouille	Cay Kingsport
State 7n 21P Gode +4 37823	
Position in labor organization.	Control as Control of
Enter appropriate data below #, during the past flecal year, you or your sp	mouse or minor child directly or indirectly had any of the following interests
(except as specified in the ex	xolusions set forth in the instructions):
Held an interest in, engaged in transactions (including loans) with,	or derived income or other economic benefit of
Held an interest in, engaged in transactions (including loans) with, constary value from an employer whose employees your organiza	or derived income or other economic benefit of
Held an interest in, engaged in transactions (including loans) with, constary value from an employer whose employees your organizations and address of Employer (including trade name, if any).	or derived income or other economic benefit of satisfactors as actively seeking to represent.
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Held an interest in, engaged in transactions (including loans) with, constary value from an employer whose employees your organizations and address of Employer (including trade name, if any). Issue Weyr HACUSER Company Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 100 Clauffold 5 f Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomps	Ta. Nature of interest, Transaction, or income. Ta. Nature of interest, Transaction, or income. Can plage of Weger Haruser Ta. Nature of interest, Transaction, or income. Can plage of Weger Haruser Ta. Amount. Can plage of Weger Haruser Can plage of Weger Haruser Ta. Amount. Can plage of Weger Haruser Can plage o
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Held an interest in, engaged in transactions (including loans) with, constary value from an employer whose employees your organizations and address of Employer (including trade name, if any). Institute the second secon	or derived income or other economic benefit of sation represents or is actively seeking to represent. 7.a. Nature of interest, Transaction, or income. Employee of Weyer HARUSER 7.b. Amount. 68,944.51 ignature 24,144.54 and 100 and 10

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your lator organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade reme, if any).	9. Business deals with:		
Name	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bidg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Gode +4			
436	12.b. Amount.		
C. Reserved from any employer (other than arremployer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).			
Neme			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City Carlotte Carlott			
State ZIR Code + 4	2. Sec. 19.		
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.		